

# Breast Cancer Screening- How do we communicate with women of South Asian origin?

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## Introduction

- Minority ethnic communities comprise over 9% of the total population in England and Wales with just half from Indian Subcontinent (India, Pakistan or Bangladesh) and the majority of them live in metropolitan areas.
- Many are multilingual but some cannot read English and some cannot read at all, even their own language.
- The breast screening uptake rates remain consistently low in ethnic minority women.
- In the UK, the main reasons for low screening uptake are consistently reported as being lack of knowledge and poor communication.

## Aims and Objectives

- To study how various Breast Screening Units (BSU) in the UK communicate with South Asian Origin Women (SAOW) and to identify new ideas/initiatives.

## Material and Methods

- Structured Questionnaires and letters setting out the study objectives were sent to the Directors/ Office Managers of all the 99 Breast Screening Units in the UK requesting information about their communication practice with South Asian Women of Indian, Pakistani, Bangladeshi and Sri Lankan origin.
- Further reminders were sent via the RCR Breast Group office and directly to the Units with larger South Asian Women population.

## Results

- In total 69 questionnaires were returned with 67 completed questionnaires. The BSU size varies considerably with 3 units inviting less than 10,000 women and 8 units inviting over 50,000 women annually for breast screening. % of invited SAOW also varies between less than 5% to 25-30%.
- Details of communication practice survey results are shown in the figures 1-3 below.

Figure 1 - Breast Screening Invitation

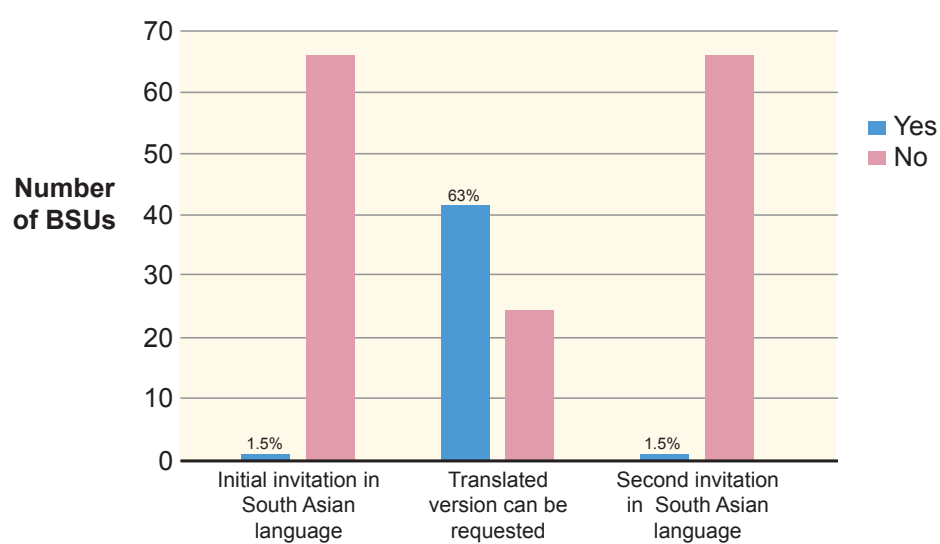


Figure 2 - Mammography, Recall and Breast Assessment Information

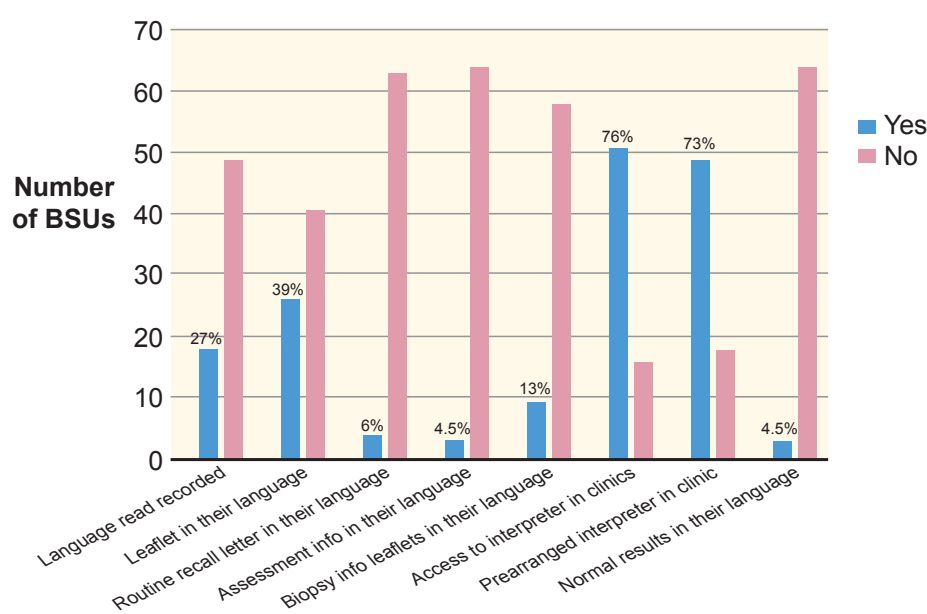
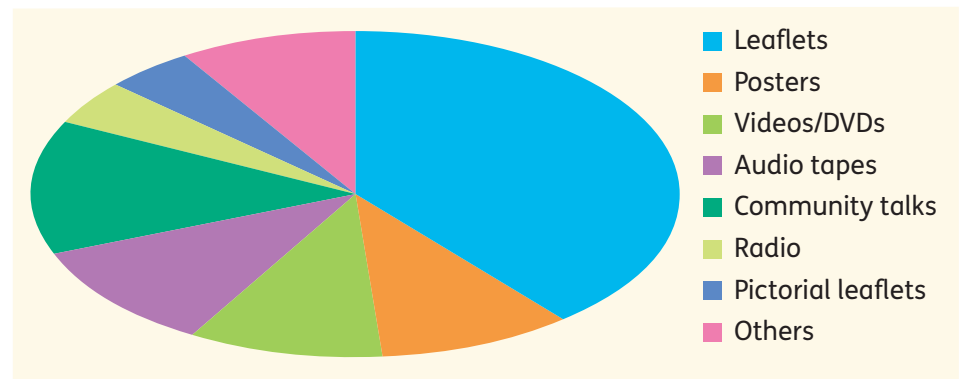


Figure 3 - Various means of Communication/ Information in South Asian Languages (Urdu, Hindi, Bengali, Punjabi, Gujarati, Tamil) available but underutilised



- Only one BSU sends the first screening invitation/ reminder in South Asian Languages.
- 18 BSU (27%) record their languages and 26 (39%) give them leaflet in their languages when they attend for mammography.
- Only 4 BSU send them normal recall letter in their language.
- Only 3 BSU send them their assessment recall letter and 9 BSU give them biopsy leaflets in their languages.
- Only 3 BSU send them their normal assessment letter in their languages.
- Not surprisingly very few available translated means of communication were actually distributed or requested last year.
- Only 1 BSU has separate funding for targeting SAOW and only one BSU has a dedicated team to do so.
- 21 BSU have Link Officers/ Breast Screening Promotion Officers
- 70% BSU think it would be useful record patient's language for improving services to them.
- Almost half the BSU feel they are not communicating well with SAOW.

## Discussion

- In 2004, 'UK National Screening Committee on Ethnic Issues in Screening' emphasised that all people invited for screening must be given the information they need to make their own decision whether they attend or not.
- 'The Guidance on screening spells out what this should include: the purpose of screening; the likelihood of positive or negative findings and possibility of false positive/ negative results; the uncertainties and risks attached to the screening process; any significant medical, social or financial implications and follow up plans, including availability of counselling and support services'. (Austoker, J. 1999)
- It is clear from our study that many SAOW who cannot read English are not getting such information in their languages or in the form of pictorial leaflets or via other recorded means at various stages of breast screening. Even where translated material is available (e.g. 'Breast Screening- the facts' leaflet), it is not distributed widely to these women.
- NHSBSP commissioned some culturally sensitive material in the form of DVD (Patnick J). However these are not used to their full potential. Many BSU don't have any local initiative for promoting screening due to lack of funding and dedicated support, thereby further widening of health inequalities in breast screening.

## Conclusions

- Our study highlights significant gap in communication with South Asian Origin Women who cannot read English. Simultaneously, there is overwhelming desire in the BSU to address this with proper funding and support. This will help them improve their knowledge, make informed choice/ consent, have better patient experience and eventually help in improving their screening uptake rates.

## References

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